

**Metropolitan Health Department  
Pollution Control Division  
311 - 23rd Avenue North  
Nashville, Tennessee 37203  
Telephone: (615) 340-5653**

**FAX: (615) 340-2142**

**PART 70 OPERATING PERMIT APPLICATION**  
**FUEL BURNING EQUIPMENT**  
**(NON-PROCESS EXCLUDING MUNICIPAL WASTE COMBUSTORS)**

1. Facility Name:	2. Stack Number(s):																																			
3. Emission source number, description and applicable source classification code(s): _____ _____ _____																																				
4. List all fuel burning equipment at this installation discharging flue gases to the stack(s) identified in Item (2) above:  <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 12.5%;">Stack No.</th> <th style="width: 12.5%;">Boiler No.</th> <th style="width: 12.5%;">Rated Capacity 10<sup>6</sup> BTU/Hr</th> <th style="width: 12.5%;">Type of Firing</th> <th style="width: 12.5%;">Primary Fuel</th> <th style="width: 12.5%;">Standby Fuel No. 1</th> <th style="width: 12.5%;">Standby Fuel No. 2</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Stack No.	Boiler No.	Rated Capacity 10 <sup>6</sup> BTU/Hr	Type of Firing	Primary Fuel	Standby Fuel No. 1	Standby Fuel No. 2																												
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5.: Year of installation or last modification (each boiler): _____ _____ _____																																				
6. Maximum operation schedule:                  Hrs./Day: _____ Hrs./Year: _____																																				
7. Fuel usage rates used to calculate potential emissions reported on Application Form APC V.28 thru V.31:  <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 16.6%;">Type of Fuel</th> <th style="width: 16.6%;">Annual Quantity</th> <th style="width: 16.6%;">Units</th> <th style="width: 16.6%;">BTU Content</th> <th style="width: 16.6%;">Sulfur Content (% by wt.)</th> <th style="width: 16.6%;">% Ash(Coal Only)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Type of Fuel	Annual Quantity	Units	BTU Content	Sulfur Content (% by wt.)	% Ash(Coal Only)																													
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8. Is this fuel burning installation equipped with air pollution control equipment for the purpose of achieving compliance with an applicable requirement?      Yes: _____ No: _____  If yes, please attach the appropriate air pollution control equipment form(s): APC V.11 through APC V.18.																																				
9. Are this source's emissions or operations monitored to demonstrate compliance with an applicable requirement? Yes: _____ No: _____  If yes, please attach the appropriate monitoring form(s): APC V.19 through V.27																																				
10. Is this source subject to 40 CFR Part 64 - Enhanced Monitoring Program?                                  No . If yes, please Yes _____ Identify the stack or fugitive release point(s) and pollutant(s) to be monitored for this purpose: _____																																				
11. Page No.: _____ Revision No.: _____ Date of Revision: _____																																				

## **INSTRUCTIONS FOR APC FORM V.4:**

### **FUEL BURNING EQUIPMENT - NON-PROCESS**

Sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form, if applicable. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him to act on the application may result in denial of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

#### **COMPLETE ONE FORM FOR EACH FUEL BURNING INSTALLATION LOCATED AT THIS FACILITY OTHER THAN MUNICIPAL WASTE COMBUSTORS.**

A fuel burning installation consists of one or more pieces of fuel burning equipment located at a facility (i.e., each powerhouse). Fuel burning equipment is any furnace, boiler, apparatus, stack, and all appurtenances thereto, used in the process of burning fuel for the primary purpose of producing heat or power by indirect heat transfer.

- Item 2** Assign a number to the stack(s) associated with this fuel burning installation. This should be the same number(s) used on Form APC V.3 used to identify each stack at this facility.
- Item 3** Give a brief description of each piece of fuel burning equipment located at this fuel burning installation along with the corresponding eight digit source classification code(s) (SCC) for each piece of equipment.
- Item 4** List each stack at this facility and each piece of fuel burning equipment vented through that stack.
- Item 6** Indicate the maximum operating schedule to be allowed on the operating permit.
- Item 7** Report the type and amount of fuels used to calculate the potential emissions reported on Forms APC V.28 through APC V.31 for this fuel burning installation. Attach an additional sheet outlining any alternative operating scenarios or to define permit terms and conditions allowing emissions trading under a federally-enforceable emission cap to be established in the permit.
- Item 10** Indicate whether or not this source is subject to 40 CFR Part 64 - Enhanced Monitoring Program. If the answer is yes, please indicate which stack(s) or fugitive release point(s) will require monitoring and indicate which pollutant(s) requires monitoring.
- Item 11** Page number must be filled in. Revision number and date of revision are to be filled in only if the information in this form is being revised.

**IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY, THE ITEM  
MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".**